

FEE TRANSMITTAL

Electronic Version v09

Stylesheet Version v08.0

Title of Invention	Well Treatment System and Method																																
Application Number : Date : First Named Applicant: Brenden M. Grove Attorney Docket Number: 22.1540																																	
TOTAL FEE AUTHORIZED \$ 1362 Patent fees are subject to annual revisions on or about October 1st of each year.																																	
Filing as large entity BASIC FILING FEE <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>790</td><td>790</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 790</td></tr></tbody></table> EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 42</td><td>22</td><td>1202</td><td>18</td><td>396</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>1201</td><td>88</td><td>176</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 572</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	790	790	Subtotal For Basic Filing Fees: \$ 790				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 42	22	1202	18	396	Independent Claims : 5	2	1201	88	176	Subtotal For Extra Claims Fees: \$ 572				
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AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit account number: 500457 Access Code **** Deposit name: Schlumberger Technology Corporation Deposit authorized name: Jaime A. Castano Signature: /Jaime A. Castano/ Date (YYYYMMDD): 2004-10-05 Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																																	